

# EXHIBIT A

# MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

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PATIENT: KOHCHISE JACKSON  
 DATE OF BIRTH: 02/05/1982  
 DATE: 03/24/2017 11:27 AM  
 VISIT TYPE: Provider Visit-scheduled

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## Chief Complaint/Reason for visit:

This 35 year old male presents with intake (rgc/whv/tcf/mbp).

## History of Present Illness

### 1. Intake (RGC/WHV/TCF/MBP)

## Chronic Problems

Enteritis, regional large intestine

## Past Medical/Surgical History

<u>Condition</u>	<u>Year</u>	<u>Procedure/Surgery</u>	<u>Year</u>
Sigmoidectomy 2/2 diverticulitis	2016	Colostomy & bowel->bladder fistula repair	

## Diagnostics History:

<u>Test</u>	<u>Date Ordered</u>	<u>Status</u>	<u>Results</u>
PPD 0.1 mL ID	03/23/2017	obtained	

## Family History

<u>Yes / No</u>	<u>Disease Detail</u>	<u>Family Member</u>	<u>Name</u>	<u>Age</u>
Yes	Diabetes	Family h/o		

## Social History

### **Tobacco:**

Patient is a tobacco user. Type: cigarettes.

### **Alcohol:**

There is a history of alcohol use.

## Allergies

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CLG\_MDOC Records\_0086

Allergen/Ingredient  
No Known Drug Allergies

Brand

Reaction:

## **Review of Systems**

### **Constitutional:**

Negative for fatigue, fever and night sweats.

### **HEENT:**

Negative for eye discharge and vision loss.

Negative for ear drainage, hearing loss and nasal drainage.

### **Respiratory:**

Negative for cough, dyspnea and wheezing.

### **Cardiovascular:**

Negative for chest pain, claudication and irregular heartbeat/palpitations.

### **Gastrointestinal:**

Negative for abdominal mass, abdominal pain, bloating, blood in stool, change in appetite, change in bowel habits, constipation, decreased appetite, diarrhea, fecal incontinence, flatulence, heartburn, increased appetite, jaundice, melena, nausea, rectal bleeding, reflux and vomiting.

Comments: Colostomy that pt. reports was to be short-term, then reversed 2/2016.

### **Genitourinary:**

Negative for dysuria, hematuria, penile discharge and polyuria.

### **Metabolic/Endocrine:**

Negative for cold intolerance, heat intolerance, polydipsia, polyphagia and weight loss.

### **Neuro/Psychiatric:**

Negative for gait disturbance.

Negative for psychiatric symptoms.

### **Dermatologic:**

Negative for pruritus and rash.

Comments: Reported ostomy as causing "pain," but more specifically irritation to peri-ostomy skin.

Re-iterated immaculate skin prep before applying device will help w/ protecting skin & for better appliance adhesion.

### **Musculoskeletal:**

Negative for bone/joint symptoms and muscle weakness.

### **Hematology:**

Negative for bleeding and easy bruising.

### **Immunology:**

Negative for environmental allergies and food allergies.

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CLG\_MDOC Records\_0087

Comments: Non-tender node to left posterior cervical chain present "for years."

Non-tender nodes (equilateral) to submental area.

No buccal, glossal, or gingival lesions, edema, or masses.

### **Vital Signs**

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
03/24/2017	7:35 AM	71.0	204.0	98.2	116/65	71	15		

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>

Measured By

Rachel C. Tanner, CENA

### **Physical Exam**

#### **Constitutional:**

Level of distress is no acute distress, anxious. Well nourished. Overall appearance is non-toxic.

**Head / Face:** Normocephalic.

**Eyes:** Pupils are equal and reactive to light. Conjunctiva and lids are normal.

**Ears:** Hearing grossly intact. Tympanic membranes normal.

**Nose / Mouth / Throat:** No nasal deformity. Mucous membranes normal. Tongue and throat appear normal. No mucosal lesions.

**Neck / Thyroid:** Supple, without adenopathy, or enlarged thyroid.

#### **Lymphatic:**

There is / are no palpable occipital, postauricular, preauricular, submaxillary, parotid, anterior cervical, supraclavicular, lymph nodes.

Right submental adenopathy: 1 node(s), soft, smooth, non-tender,

Left submental adenopathy: 1 node(s), soft, smooth, non-tender,

Left posterior cervical adenopathy: 1 node(s), soft, smooth, non-tender,

#### **Respiratory:**

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

#### **Cardiovascular:**

Heart Sounds: NL S1, NL S2.

Rate and Rhythm: Heart rate is regular rate.

See also extremities. No edema is present.

#### **Vascular:**

##### Pulses

Carotid pulses: normal. Radial pulses: normal. Dorsalis pedis pulses: normal. Capillary refill is: less than 2 seconds.

##### Bruits

Carotid bruits: absent.

#### **Abdomen:**

Abdomen is not obese.

Normal abdominal muscles. Bowel sounds present, no bruits. Normal percussion. Soft, nontender, no organomegaly. No CVA tenderness.

Inspection has detected Colostomy-LLQ.

Abdominal appliances include LLQ colostomy.

There is no abdominal tenderness, guarding or rebound.

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No hepatic enlargement.

Ascites is not present.

Comments: Ostomy w/ firm, brown stool at opening.

Stoma medium pink color w/o petechiae ecchymoses, duskiness, hematochezia, or melena.

**Genitourinary:**

No CVA tenderness.

No suprapubic tenderness.

Comments:

Genital exam declined. Denies hernias, testicular masses, or discharge from penis. Educated regarding importance of exam and risk of deferral, including early detection of cancer and that exam may be requested. Encouraged to perform monthly testicular self-exam & to seek medical attention if abnormalities are noted. Patient verbalized understanding.

**Rectum:**

Comments: Patient has been explained the importance of early detection of prostate abnormality, particularly if there is a personal or family history of cancer Also, that patient may request exam. Patient verbalized understanding..

Rectal Exam Declined.

**Integumentary:**

Comments: Not able to directly observe skin under ostomy appliance, but no bleeding or drainage evident along circumference of device.

**Back / Spine:** The back is non-tender.

**Musculoskeletal:** Normal musculature; no skeletal tenderness or joint deformity.

**Extremities:**

Dorsalis pedis pulses: normal.

No edema is present.

**Neurological:** Alert and oriented. Cranial nerves intact. No motor or sensory deficits.

**Psychiatric:**

The patient is oriented to time, place, person, and situation.

The patient is fearful, and does not have suicidal ideation.

Comments: Fixated on perceived injustice of not having colostomy reversed, reporting youthfulness, and repeating the need to have colostomy reversed.

Exhibited apprehension & fearfulness re: having colostomy.

**Assessment/ Plan**

**Routine medical examination** (v70.0)

**Enteritis, regional large intestine** (555.1), Fair.

- Able to complete self-care. Has greater degree of body image issue than other concerns.

**Colostomy status** (V44.3), Good.

- Functioning w/o obvious defects. ROI records from surgeon/hospital.

Plan comments: Labs and tests ordered as appropriate.

POC outlined with patient.

MP follow-up at medical clearance and PRN.

F/U CCC to be determined at medical clearance, if needed.

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Accommodations/details written as appropriate.

#### **Office Services**

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>Interpretation</u>
ordered	03/31/2017		Colostomy supplies q week		
ordered			Medical Equipment/Supplies: Colostomy supplies: 45mm Conva-tec, paste, bags, wipes		

#### **Instructions / Education**

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	03/24/2017	Patient education provided and patient voiced understanding	

#### **Lab Studies**

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2	Comp Panel + CBC/Plt/Thyroid		03/27/2017

Document generated by: Ronald E. Drinkert, NP 03/24/2017 11:46 AM

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CLG\_MDOC Records\_0090

## MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

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PATIENT: KOHCHISE JACKSON  
DATE OF BIRTH: 02/05/1982  
DATE: 03/29/2017 10:52 AM  
INMATE ID: 445579

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### Mental Health Services Referral

<b>TO:</b>	Mental Health Services	<b>R</b> easoning
		<b>O</b> rientation
<b>FROM:</b>	Ronald E. Drinkert, NP	<b>B</b> ehavior
		<b>E</b> motion
<b>DATE:</b>	03/29/2017	<b>R</b> ecall/Memory
		<b>T</b> alk
		<b>A</b> pppearance
		<b>R</b> elationships

#### Reason for Referral:

35 year old man, who had a colostomy placed 12/2016 for complications of a chronic GI issue.

Verbalizing concerns re: body image r/t the colostomy and desire to have procedure reversed.

Alert and oriented w/o overt cognitive or thought deficits.

Mildly anxious and fixated on reported miscommunication in county jail that pt. perceives as hindering procedure reversal.

Verbalized a number of times at encounter in an almost pleading way to have surgeon contacted, but was not tearful or threatening.

Stated "I am only 35 years old and I cannot have this my whole life" referring to colostomy.

Appropriately groomed and dressed.

Did not talk about outside support system.

No urgent medical issues were reported from the surgeon's office and the colostomy is functional. It is not likely that the colostomy will be reversed in the MDOC.

#### Desired Action:

Evaluate for current level of coping ability and possible need for supportive mental health care r/t body image and other possible issues.

**Response Date:** 03/29/2017

**Response:**

NAME: JACKSON, KOHCHISE M

D.O.B.: 02/05/1982

Inmate ID: 445579

CLG\_MDOC Records\_0072

**Provider: Ronald E. Drinkert NP**

**Document generated by: Ronald E. Drinkert, NP**

NAME: JACKSON, KOHCHISE M

D.O.B.: 02/05/1982

Inmate ID: 445579

CLG\_MDOC Records\_0073



**MICHIGAN DEPARTMENT OF CORRECTIONS**  
**MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH**  
**CARE SERVICES**

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PATIENT: KOHCHISE JACKSON  
DATE OF BIRTH: 02/05/1982  
DATE: 04/03/2017 8:42 AM  
HISTORIAN: self  
VISIT TYPE: Case Management

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**Chronic Problems**

Axis   Description

Enteritis, regional large intestine

**Medical/Surgical History**

**Allergies**

Description

Reaction

No Known Drug Allergies

**Progress Note**

**Direct Service:** Case Management  
**Individual(s) Present:** the inmate and his psychologist

**Comments:**

The inmate is called out because of a Roberta R from medical staff dated 3/29. He was reportedly pleading to have his colostomy reversed.

He states he had diverticulitis and crohns and kept reporting to medical staff in jail that he wasn't peeing right and his urine was the wrong color. For 6 months they treated him for a UTI. Then they found out he had ecoli in his uring and he had a fissure because his crohns and diverticulitis had errupted "because they had misdiagnosed me." He was on a catheter and then had surgery. He was supposed to have the catheter for 1 month and the colostomy bag for 2 months.

The wound specialist told him to change his bag every 2 days and the RN in the jail told him he was using them too often and could only have them 2 times a week. He believes that the nurse was angry with him because he deflated his own catheter 'because I had mucus coming around it and it was hurting me... it had been in for a month.' He saw how it was done and did it not to hurt himself. The nurse got angry when he wouldn't tell her what he used: "I didn't want them to take that away." The surgeon told him that it was ready to go but that the RN hadn't gotten back to them. He lists the different excuses given to him by the nurse; "they were at lunch, they didn't get back to me." He states that the doctor he saw told him he was eligible for the surgery. He believes the nurse blocked his surgery. He states he wrote kites for the last 2 weeks he was there and she did not respond. He admits that he made up ailments in order to see the doctor again, but they ignored him. He states he filed "grievance after greivance saying his medical need is being ignored." He states his medical records were denied to him: his family was wanted them.

Then by the end of his jail time he was told his surgery has been postponed. "They basically waited me out so they didn't have to do it." "She told me "you were lucky we caught it when we did and saved you." He refuted that he was misdiagnosed for 6 months."

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Inmate ID: 445579  
D.O.B.: 02/05/1982  
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**MICHIGAN DEPARTMENT OF CORRECTIONS**

Prior to being incarcerated he believes he had all the steps in place to have his colostomy reversed which was told it was "temporary." He states he had a surgery date. His wound care specialist was telling him he had to change the bag every 2 days. He had diverticulitis and crohns. He feels he and a woman got into an argument about the supplies he would need afterwards and his surgery was cancelled.

He signs consent for me to contact the proper recipient rights person on his behalf and his given a copy of it.  
He feels better by session's end.

**Mental Status**

**Provider: David Forsythe MD**

**Document generated by: Laura L. MacKimmie, LLP**

NAME: JACKSON, KOHCHISE M  
Inmate ID: 445579  
D.O.B.: 02/05/1982  
CLG\_MDOC Records\_0070

**MICHIGAN DEPARTMENT OF CORRECTIONS**

**DWH EMERGENCY ROOM**

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PATIENT:	KOHCHISE JACKSON
DATE OF BIRTH:	02/05/1982
DATE:	04/07/2017 1:00 PM
INMATE ID:	445579

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**Nursing Progress Note**

**Comments:**

Presents for Xray read of abd films. A&O, NAD, relaxed, calm and cooperative. Hx of abd pain and colostomy. Denies any N/V, changes in color or consistency of stool, changes in stoma, or any recent trauma.

Abd xray shows moderate amounts of gas and fecal matter - overread pending.

Updated NP Drinkert and returned prisoner to RGC.

**Date:** 04/07/2017

**Time:** 1:03 PM

**User:** Erin Griffith, NP

**Provider:** Erin Griffith NP

**Document generated by:** Erin Griffith, NP

NAME: JACKSON, KOHCHISE M

D.O.B.: 02/05/1982

Inmate ID: 445579

CLG\_MDOC Records\_0060

**Michigan Department of Corrections  
Bureau of Health Care Services**

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**LABORATORY ORDERS**

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**Lab Orders for:** KOHCHISE JACKSON

**Date:** 04/07/2017 11:03 AM

**User:** Ronald E. Drinkert, NP

**Location:** RGC

<u>Status</u>	<u>Priority</u>	<u>Code</u>	<u>Lab Study</u>	<u>Date</u>	<u>Lab</u>
ordered	Routine	CBC2	CBC with Differential, Platelets	04/17/2017	Contract Lab
ordered	Routine	FERI	FERRITIN	04/17/2017	Contract Lab
ordered	Routine	FOL	FOLATE	04/17/2017	Contract Lab
ordered	Routine	VB12	VITAMIN B 12	04/17/2017	Contract Lab
ordered	Routine	RETIC	RETICULOCYTES	04/17/2017	Contract Lab

NAME: JACKSON, KOHCHISE M

NUMBER: 445579

D.O.B.: 02/05/1982

CLG\_MDOC Records\_0061

# MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

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PATIENT: KOHCHISE JACKSON  
 DATE OF BIRTH: 02/05/1982  
 DATE: 04/07/2017 11:03 AM  
 VISIT TYPE: Provider Visit-scheduled

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**Chief Complaint/Reason for visit:**

This 35 year old male presents with medical clearance.

**History of Present Illness**

**1. Medical clearance**

Additional comments:

Comprehensive H&P completed 3/24/2017.

**Chronic Problems**

Enteritis, regional large intestine

**Past Medical/Surgical History**

<u>Condition</u>	<u>Year</u>	<u>Procedure/Surgery</u>	<u>Year</u>
Sigmoidectomy 2/2 diverticulitis	2016	Colostomy & bowel->bladder fistula repair	

**Diagnostics History:**

<u>Test</u>	<u>Date Ordered</u>	<u>Status</u>	<u>Results</u>
X-ray exam of abdomen, complete	04/07/2017	completed	
PPD 0.1 mL ID	03/23/2017	completed	0 mm

**Allergies**

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
No Known Drug Allergies		

**Review of Systems**

**Constitutional:**

Negative for fatigue, fever and night sweats.

**Respiratory:**

Negative for cough, dyspnea and wheezing.

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**Cardiovascular:**

Negative for chest pain and irregular heartbeat/palpitations.

**Gastrointestinal:**

Comments: Reporting resolution of skin discomfort at stoma.

Reports "pain inside" stoma.

**Genitourinary:**

Negative for dysuria and hematuria.

**Neuro/Psychiatric:**

Negative for gait disturbance.

Negative for psychiatric symptoms.

**Dermatologic:**

Negative for pruritus and rash.

**Musculoskeletal:**

Negative for bone/joint symptoms and muscle weakness.

**Vital Signs**

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
04/07/2017	10:36 AM	71.0	204.0	97.3	127/68	62	15		

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>

Measured By

Rachel C. Tanner, CENA

**Physical Exam****Constitutional:**

No acute distress. Well developed.

**Respiratory:**

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

**Cardiovascular:**

Heart Sounds: NL S1, NL S2.

Rate and Rhythm: Heart rate is regular rate.

See also extremities. No edema is present.

**Abdomen:**

Abdomen is not obese.

Bowel sounds present, no bruits. Soft, nontender, no organomegaly.

Abdominal appliances include left colostomy.

There is no guarding. There is no rebound.

Comments: Conferred w/ other MSP.

Stoma deep pink & functioning w/ soft light brown stool & no evidence of melena or hematochezia.

Cont's to verbalize that 'ostomy was to be temporary & reversed. No medical NECESSITY per outside documentation or from

JACKSON, KOHCHISE

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conversation w/ surgeon's office (Dr. Kansakar).

**Rectum:**

Comments: Discussed importance of complete PE, including a DRE, but was declined per pt.

Rectal Exam Declined.

**Back / Spine:** The back is non-tender.

**Musculoskeletal:** Normal musculature; no skeletal tenderness or joint deformity.

**Extremities:**

No edema is present.

**Neurological:** Alert and oriented. Cranial nerves intact. No motor or sensory deficits.

**Assessment/ Plan**

**Routine medical examination** (v70.0)

**Enteritis, regional large intestine** (555.1), Good.

**Colostomy status** (v44.3), Good.

Plan comments: Medical clearance to 900 site.

Reviewed and signed CHJ 631 & CHJ 225 and copies given to patient. Also, reviewed syphilis & TB statuses and other available test results with patient.

MP follow-up PRN.

Patient to kite healthcare PRN.

Accommodations/details reviewed.

Educated patient on importance of healthy weight, regular exercise, healthy diet, and avoidance of high risk behaviors.

**Office Services**

**Instructions / Education**

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	04/07/2017		Patient education provided and patient voiced understanding
completed	04/07/2017		Reviewed diagnostic study results with patient

**To be scheduled/ordered**

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Assessment</u>	<u>Timeframe</u>	<u>Appointment</u>
completed		X-ray exam of abdomen, complete			Pain, post-colostomy
	04/07/2017				

**Lab Studies**

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
<u>Comments</u>				
ordered	CBC2	CBC with Differential, Platelets		04/17/2017
ordered	FERI	FERRITIN		04/17/2017
ordered	FOL	FOLATE		04/17/2017
ordered	RETIC	RETICULOCYTES		04/17/2017
ordered	VB12	VITAMIN B 12		04/17/2017

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Document generated by: Ronald E. Drinkert, NP 04/07/2017 2:47 PM

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CLG\_MDOC Records\_0065



**MICHIGAN DEPARTMENT OF CORRECTIONS  
BUREAU OF HEALTH CARE SERVICES**

**X-RAY REQUISITION**

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**Patient Name:** KOHCHISE JACKSON  
**Address:** RGC

**Fasting:**  
**Call results:**

**Instructions:** Please take this requisition to the X\_Ray department.

<u>Code</u>	<u>Order</u>	<u>Code</u>	<u>Diagnosis</u>	<u>Reason</u>	<u>Date</u>
74020	X-ray exam of abdomen, complete			Pain, post-colostomy	04/07/2017

**Ordered by:** Ronald E. Drinkert NP  
**Date:** 04/07/2017 11:03 AM